

STATE OF RHODE ISLAND

DEPARTMENT OF



BUSINESS REGULATION

DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS

SERVICE EMPLOYEE APPLICATION

Position Applied For: _____

Check One: ☐ Twin River ☐ Newport Grand

APPLICATION INSTRUCTIONS

1. The application must be typed or printed in block lettering using either blue or black ink. If the application is not legible, it will not be accepted.
2. All questions must be answered. Do not leave blank spaces. If a question does not apply to you please indicate "Does Not Apply" in the response section. If there is nothing to disclose in response to a particular question please state "None" in the response section.
3. If you need additional space to answer a question please refer to the blank page provided on page 12. Be sure to indicate the number of the question you are answering.
4. All pages of the application must be initialed, properly signed and notarized where indicated.
5. The following type of original documents will be acceptable to establish the identify of the applicant:
 - A. U.S. birth certificate issued by a state, county or municipal authority with an official seal.
 - B. Current and valid photo drivers license.
 - C. Current and valid US military identification card.
 - D. Current and valid U.S. passport or Certificate of Naturalization or current INS identification card.
 - E. Current and valid photo identification card issued by a federal, state or local government agency.
6. If the name on your application is different than the name on the identification provided then you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.
7. An original completed application must be presented to the Division of Commercial Licensing and Racing and Athletics ("Division").

A check or money order in the amount of \$75.00 payable to the "State of Rhode Island, General Treasurer" must accompany the application. No cash is accepted. License will expire on December 31, 2010.

8. Once your application is accepted and your identification is verified you will be photographed, fingerprinted and subject to a complete background check before your license is issued. Application fees are non-refundable and applications become the property of the Division. Applications may be obtained from and submitted in a sealed envelope to either satellite office of the Division located at:

Twin River
100 Twin River Road
Lincoln, Rhode Island 02865

OR

Newport Grand
150 Admiral Kalbsus Road
Newport, Rhode Island 02840

Individual offices at each facility can be located by contacting any employee for directions upon arrival at the facility. **YOU SHOULD SUBMIT YOUR APPLICATION TO THE DEPARTMENT OF BUSINESS REGULATION AND NOT YOUR EMPLOYER IN ORDER TO PROTECT THE CONFIDENTIALITY OF THE INFORMATION IN YOUR APPLICATION.**

9. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.

Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.

10. You must provide the Division with any change of address as all notices concerning your license are sent to the address you have provided on this form.
11. Failure to answer any question completely and truthfully will result in denial of your Service Employee Application.
12. All written correspondence regarding this form shall be directed to the following:

Department of Business Regulation
Division of Commercial Licensing and Racing and Athletics
John O. Pastore Center
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920-0942

DO NOT WRITE ON THIS PAGE
THIS PAGE FOR OFFICIAL USE ONLY

Name of
Applicant: _____

Date of Birth (**CONFIDENTIAL**): _____

Identifying Documents: (**CONFIDENTIAL**)

_____ United States birth certificate issued by a state, county or municipal authority with an official seal.

_____ Current and Valid photo drivers license.

State Issued: _____ Expiration Date: _____

_____ Current and valid United States Military identification card.

_____ Current and valid United States Passport

Expiration Date: _____

_____ Certification of Naturalization.

_____ Current INS identification card.

Specify Status _____ Expiration Date _____

_____ Current and valid photo identification card issued by a federal, state or local government agency. (Ex. RI identification card, Division issued License, etc.)

Specify Type: _____

Comments:

**NOTE: PORTIONS OF THIS APPLICATION ARE CONFIDENTIAL AND NOT
SUBJECT TO PUBLIC DISCLOSURE.**

Authorized By: _____

Date: _____

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPETELY AND TRUTHFULLY WILL RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE.

**THE DIVISION WILL
AFFIX A PHOTOGRAPH HERE.**

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

1. Name: (Last)	2. (First)	3. (Middle)
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4. Mailing Address: (Number & Street)	(City)	(State)
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NOTE: ANSWERS TO QUESTIONS #5 THROUGH TO INCLUDING #29 ARE CONFIDENTIAL

5. Home Address: (If different than mailing address)		
(Number & Street)	(City)	(State)

6. Home Telephone (Include Area Code)	7. Business Telephone	8. Contact phone
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9. Date of Birth: (Mo) (Day) (Year)	10. Maiden Name	11. Alias or Nickname
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12. Height (Ft – In)	13. Weight (Lbs)	14. Social Security # (Confidential)
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CHECK THE APPROPRIATE BOX

15. HAIR COLOR:

- ☐ Black
- ☐ Brown
- ☐ Blond
- ☐ Red
- ☐ Gray
- ☐ White
- ☐ Bald

16. EYE COLOR:

- ☐ Black
- ☐ Brown
- ☐ Hazel
- ☐ Blue
- ☐ Gray
- ☐ Green

17. SEX:

- ☐ Male
- ☐ Female

18. Have you been known by any other names or names other than those listed above? If yes, list the additional names below:

19. Are you a United States citizen? ☐ Yes ☐ No

20. If you are a naturalized citizen of the United States, attach a copy of your certificate of naturalization to this application.

21. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen: _____

B. Place of Birth: _____
City State Country

C. Port of Entry to the United States: _____

D. Name and address of sponsor upon your arrival:

22. If you are not a United States citizen, but you are a legally authorized permanent resident alien or authorized to be employed in the United States, please attach a copy of your INS identification card to this application. Also provide the number in the space below:

INS "A" number: _____

23. Have you lived at your current address for less than one year? ☐ Yes ☐ No
If yes, list all of your residences during the past year **except** your current residence.

Dates		Address
From:	To:	(No., Street, Apt., City, State, Country & Zip Code)

24. Give the name of your present spouse (Maiden name if applicable):

25. List the last three jobs you have held beginning with the most recent and working backwards.

Job 1

A. Dates – From: (Mo/Yr)_____To: (Mo/Yr)_____

B. Name, Mailing Address, phone number(s) of Employer(s).

C. Position held and description of duties:_____

D. Name of Supervisor:_____

E. Reason for

Leaving:_____

Job 2

Dates – From: (Mo/Yr)_____To: (Mo/Yr)_____

E. Name, Mailing Address, phone number(s) of Employer(s).

F. Position held and description of duties:_____

G. Name of Supervisor:_____

E. Reason for
Leaving:_____

Job 3

A. Dates – From: (Mo/Yr)_____To: (Mo/Yr)_____

B. Name, Mailing Address, phone number(s) of Employer(s).

C. Position held and description of duties:_____

D. Name of Supervisor:_____

E. Reason for
Leaving:_____

26. Have you ever applied to the Division of Commercial Licensing and Racing and Athletics for any license in the past? ☐ Yes ☐ No If yes, complete the following:

A. Type of license applied for:_____

B. Date Application was filed:_____

C. Disposition (Granted, Pending, Denied)_____

D. If issued provide license number:_____

27. Have you ever applied in any other jurisdiction for a license to participate in a lawful gaming operation? (Including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)? ☐ Yes ☐ No If yes, complete the following:

A. Type of license applied for:_____

B. Date Application was filed:_____

C. Disposition (Granted, Pending, Denied)_____

D. If issued provide license number:_____

E. Name of licensing agency: _____

F. Position sought or held: _____

G. Type of gaming operation: _____

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS
CONFIDENTIAL

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering the question, carefully review the definitions and instructions which follow:

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense".
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense".
- C. "Offense" includes all felonies, crimes, misdemeanors, disorderly person offenses, driving while intoxicated/impaired motor vehicle offenses, violation of probation or any other court order. Juvenile offenses are not reportable.

INSTRUCTIONS:

A. Answer "yes" and provide all information to the best of your ability EVEN IF:

- 1. You did not commit the offense charged;
- 2. The charges were dismissed or subsequently downgraded to a lesser charge;
- 3. You were not convicted;
- 4. You did not serve any time in jail.

B. Answer "no" IF:

- 1. You have never been arrested or charged with any crime or offense;
- 2. Any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency.

28. Have you ever been arrested or charged with any crime or offense in Rhode Island or any other jurisdiction? ☐ Yes ☐ No If yes complete the following page.

**ONLY INCLUDE CONVICTIONS THAT OCCURRED IN THE LAST TWENTY YEARS AND ONLY INCLUDE
ARRESTS THAT OCCURRED IN THE LAST TEN YEARS.**

28. IF YES

#	Nature of Charge or Offense/Location where the incident Involved occurred	Date of Charge or offense	Name and Address of of Law Enforcement Agency or Court	Disposition (Convicted, Acquitted, Dismissed, Pending, Etc.)	Sentence
1.					
2.					
3.					
4.					
5.					
6.					

29. List the name, address and telephone number, including area code, of three references: (Do not list relatives as references).

Reference #1

Name: _____

Address: _____

Telephone: _____

Reference #2

Name: _____

Address: _____

Telephone: _____

Reference #3

Name: _____

Address: _____

Telephone: _____

you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom on any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

STATEMENT OF TRUTH

STATE OF _____:

NAME (Print) _____.

being duly sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: _____ (Legal Signature) _____
Signature of Applicant

Subscribed and sworn to before me this _____ day
of _____, 20_____.

Notary Public State

STATEMENT OF APPLICANT

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Employers, Banks, and other financial institutions, and All Governmental Agencies – Federal, State and Local, without exception, both foreign and domestic.

I, _____ have
(PRINT NAME)

authorized the Rhode Island Department of Business Regulation, Division of Commercial Licensing and Racing and Athletics to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Commercial Licensing and Racing and Athletics (“Division”), provided that he or she certifies to you that I have an application pending before the Division or that I am presently a licensee, registrant or to her person required to be qualified under the provision of Rhode Island General Laws § 41-4-1 *et seq*:

I understand that this Authorization is to investigate records relating to or referenced in this application or any licensed activity.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATED: _____ (Legal Signature) _____
Signature of Applicant

Subscribed and sworn to before me this _____ day
of _____, 20_____.

Notary Public

State